



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000001

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HST LESSEE NEEDHAM, LLC

DOING BUSINESS AS SHERATON NEEDHAM HOTEL

ADDRESS 100A-C CABOT ST.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02494

MANAGER: YOUNG, BILL

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

100,100A,100B,100C CABOT STREET, 5 FLOORS, LIQUOR SERVICE IN 10 MEETING ROOMS
AND FUNCTION ROOMS, RESTAURANT, POOL AREA, LOUNGE AREA AND 247 GUEST
ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000002

CITY OR TOWN **NEEDHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **NOT YOUR AVERAGE JOE'S, INC**

DOING BUSINESS AS **NOT YOUR AVERAGE JOE'S**

ADDRESS **109 CHAPEL ST.**

CITY/TOWN: **NEEDHAM**

STATE: **MA**

ZIP CODE: **02492**

MANAGER: **capodilupo, louis**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLR RESTAURANT WITH 125 SEATS AND SERVICE COUNTER, KITCHEN, WOOD STOVE. PIZZA OVEN, RESTROOMS. FRONT ENTRANCE AND 2 REAR EXITS, BASEMENT FOR STORAGE. ADDING 6 BARSTOOLS

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000003

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TU Y YO II,LLC

DOING BUSINESS AS TU Y YO,MEXICAN CUISINE

ADDRESS 66 CHESTNUT ST.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: GUZMAN,PATRICI TYPE OF LICENSE: Restaurant
A

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM CONTAINING 102 SEATS PLUS SERVICE COUNTER , THREE EXITS FROM DINING ROOM(ONE TO PATIO), KITCHEN WITH DELIVERY DOOR/ EXIT, TWO WASH ROOMS, STORAGE, OUTSIDE PATIO SEATINGS, SUBJECT TO THE TRANSFER OF THE PLANNING BOARD SPECIAL PERMIT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000004

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW GARDEN INC.

DOING BUSINESS AS NEW GARDEN RESTAURANT

ADDRESS 250 CHESTNUT ST.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: SO, VIRGINIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

110 SEAT RESTAURANT WITH SERVICE BAR AND WAITING AREA

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000006

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEEDHAM GOLF CLUB INC. THE

DOING BUSINESS AS

ADDRESS 49 GREEN ST.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: BUDGE, BRENDA TYPE OF LICENSE: Club
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF GRILL ROOM ON FIRST FLOOR AND FUNCTION ROOM ON SECOND
FLOOR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000007

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN GOURMET, INC.

DOING BUSINESS AS MANDARIN CUISINE

ADDRESS 238 HIGHLAND AVE.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02494

MANAGER: WOO, LESLIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE ON HIGHLAND AVE AND BACK AND SIDE ENTRANCE. SEATS 105.
KITCHEN, PREP ROOMS, OFFICE AND STOREROOM IS ON ONE FLR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000008

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TIAN LONG, INC

DOING BUSINESS AS FUJI STEAK HOUSE

ADDRESS 1430 HIGHLAND AVE.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: ZHANG, YING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REAR ENTRANCE AND EXIT FROM KITCHEN AND EMERGENCY EXIT ON HIGHLAND PLACE, SOUTH OF DINING AREA AND CONSISTING OF THREE ROOMS ON ONE FLOOR, STREET LEVEL

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000009

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIEUT.MANSON CARTER POST #2498 V.F.W. OF U.S.

DOING BUSINESS A

ADDRESS 20 JUNCTION ST.

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: KEITH, CHARLES TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
W.

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR. FRONT ENTRANCE, SIDE ENTRANCE, 2 REAR EXITS; MAIN HALL; FUNCTION
ROOM WITH OFFICE, KITCHEN, LADIES AND MENS ROOM

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000011

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GIBBOUS MOON INC.

DOING BUSINESS AS THE CENTER CAFÉ NEEDHAM

ADDRESS

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: WALLER, STEVEN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY, 1ST FLOOR DINING ROOM, KITCHEN, BAR PORCH AND CELLAR USED FOR STORAGE.

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000012

CITY OR TOWN **NEEDHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Banyan Tree, LLC**

DOING BUSINESS AS **The Rice Barn**

ADDRESS **1037 GREAT PLAIN AVE**

CITY/TOWN: **NEEDHAM**

STATE: **MA**

ZIP CODE: **02492**

MANAGER: **Arakputhanun, Ladda**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR RETAIL SPACE WITH 2 DINING ROOMS, KITCHEN FACILITIES AND WITH
EGRESSES IN FRONT AND REAR**

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000013

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETIT NEEDHAM LLC

DOING BUSINESS AS PETIT ROBERT BISTRO

ADDRESS 45 CHAPEL ST

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: SPENCER, RAJI D. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000014

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PII RESTAURANT, INC.

DOING BUSINESS AS PACINI'S

ADDRESS 1185 HIGHLAND AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: HATHOUT,
MAHER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000015

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP.

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTEA

ADDRESS 1257 HIGHLAND AVE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: YIN-TATE,
LETIANA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000016

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAI RESTAURANTS, INC

DOING BUSINESS AS MASALA ART

ADDRESS 990 GREAT PLAIN AVE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: KAPOOR,
SHAKILA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000017

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BICKFORD'S FAMILY RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 669-73 HIGHLAND AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02494

MANAGER: ADDIECO,
GOFFREDO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH ONE DINING ROOM

I hereby certify and swear under penalties of perjury that:

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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000019

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLAGE CLUB BUILDING ASSOS.INC.

DOING BUSINESS AS

ADDRESS 83 MORTON STREET

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: DESPRES,
MICHAEL R.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE LICENSED PREMISE IS LOCATED ON THE LOWER LEVEL OF THE BUILDING AND
CONSISTS OF 1200 SQARE FEET, WITH TWO ENTRANCES AND EXITS, STORAGE ROOMS,
SERVICE BAR AND A MENS ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000020

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOUNT BLUE TWO, LLC

DOING BUSINESS AS Blue on Highland

ADDRESS 882 HIGHLAND AVE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: SULLIVAN,
MATTHEW D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3446 SQ FT ON FIRST FLOOR AND 3140 SQ FT ON SECOND FL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000022

CITY OR TOWN **NEEDHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ASILLEM LLC**

DOING BUSINESS AS **STONE HEARTH PIZZA**

ADDRESS **974 GREAT PLAIN AVE**

CITY/TOWN: **NEEDHAM**

STATE: **MA**

ZIP CODE: **02492**

MANAGER: **CHRISTOPHER
ROBBINS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**2800 SQ. FT. W/ TWO MWANS OF EGRESS IN FRONT & REAR OF SINGLE STORY BUILDING.
RESTAURANT SEATING FOR 64 PATRONS & KITCHEN, TAKE OUT AREA, FOOD PREP
OFFICE & RESTROOMS LOCATED ON FIRST FLOOR.**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000023

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPIGA,LLC

DOING BUSINESS AS

ADDRESS 18 HIGHLAND CIRCLE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02494

MANAGER: IRITI, CARMELO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000024

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Village Fish of Needham, Inc

DOING BUSINESS AS The Village Fish

ADDRESS 970 Great Plain Ave

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: Jacobs, Kate

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1st & lower level. Front & rear ent/exits, dining on ground floor, kitchen on ground floor, storage, dish room and prep room in basement

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000025

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CERRITOS INC.

DOING BUSINESS AS ACAPULCO'S MEXICAN FAMILY RESTAURANT

ADDRESS ONE FIRST AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: MORENO, CESAR TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BUILDING LOCATED AT ONE FIRST AVENUE CONTAINING 4428 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000026

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FUSION CUISINE INC.

DOING BUSINESS AS GARI

ADDRESS 1019 GREAT PLAIN AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: HUANG, GARY
XIAO YONG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE DINING AREA ON THE GROUND FLOOR OF A ONE STORY BUILDING...ONE MAIN ENTRANCE AND EXIT IN FRONT WITH AN ADDITIONAL ENTRANCE AND EXIT TO THE REAR...TWO HANDICAPPED ACCESSIBLE RESTROOMS ON THE GROUND FLOOR...DINING AREA, SERVICE AREA, KITCHEN, AND WAITING BAR ON THE FIRST FLOOR WITH OFFICE, STORAGE, AND FOOD PREPARATION AREAS IN THE BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000027

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A AND Z BURGERS LLC

DOING BUSINESS AS WILD WILLY'S

ADDRESS 1257 HIGHLAND AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: SEDER, LESLEY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

118 SEAT MAIN DINING AREA W/ KITCHEN, STORAGE AREA, 2 RESTROOMS, ONE MAIN
ENTRANCE/EXIT WITH 2 ENTRANCE/EXITS IN REAR, 4163 SF, PLUS 1000 SF STORAGE IN
BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000028

CITY OR TOWN NEEDHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARISCO LLC

DOING BUSINESS AS ACROPOLIS

ADDRESS 1257 HIGHLAND AVENUE

CITY/TOWN: NEEDHAM

STATE: MA

ZIP CODE: 02492

MANAGER: SCLAVOUNOS,
ARCHIMEDIS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1400 SQUARE FEET ON GROUND LEVEL WITH TWO ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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